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Rib Data Sheet

**CONFIRMATION NO. 7467** 

| DID Data Street                                                                                                        |                                                                                                                                                |                     |                                |   |                                                                                                            |                            |  |  |
|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------|---|------------------------------------------------------------------------------------------------------------|----------------------------|--|--|
| SERIAL NUMBER<br>10/523,020                                                                                            | FILING OR 371(c)  DATE  02/02/2005  RULE                                                                                                       | CLASS<br>514        | GROUP ART UNIT<br>1615         |   | ATTORNEY<br>DOCKET NO.<br>05273.0095-00000                                                                 |                            |  |  |
| Yosuke Maki<br>Osamu Sato,<br>Yoshitaka Ya<br>** CONTINUING DA<br>This applicati<br>Which part Clar<br>** FOREIGN APPL | i, Gaithersburg, MD; North Potomac, MD; Osaka-fu, JAPAN; Imamura, Gaithersburg, M  ATA  Son is a 371 of PCT/JP04/0  MENNELT OF 60/44  ICATIONS | ·•                  | 2003                           | • |                                                                                                            |                            |  |  |
| Foreign Priority claimed 35 USC 119 (a-d) condit met Verified and Acknowledged  ADDRESS                                | state or country MD                                                                                                                            |                     | SHEETS TOT<br>CLA<br>DRAWING 1 |   | MS                                                                                                         | INDEPENDENT<br>CLAIMS<br>4 |  |  |
| 22852                                                                                                                  |                                                                                                                                                |                     |                                |   |                                                                                                            |                            |  |  |
| TITLE Method for treating                                                                                              | severe heart failure and m                                                                                                                     | nedicament therefor |                                |   |                                                                                                            |                            |  |  |
| FILING FEE FE<br>RECEIVED No<br>2210 No                                                                                | IVED No to charge/credit DEPOSIT ACCOUNT                                                                                                       |                     |                                |   | ☐ All Fees ☐ 1.16 Fees (Filing) ☐ 1.17 Fees (Processing Ext. of time) ☐ 1.18 Fees (Issue) ☐ Other ☐ Credit |                            |  |  |